

**RELEASE OF INFORMATION (For Licensed Youth and Adult Care Providers)
Criminal and Protective Service Background Checks**

PLEASE TYPE OR PRINT LEGIBLY

Section A

Facility Name: _____ Facility Location: _____

Applicant/Employees Name: _____
First Middle Maiden

Last

Aliases/Other Names Used: _____

Applicant/Employee Current Address: _____

Phone #: _____ Date of Birth: _____ Sex: [] M [] F

Drivers License # _____ Social Security #: _____

Section B

Please list below where you have resided in the past 5 years. Attach additional pages if necessary. QAD will complete a State of Montana Criminal and Protective Service background check at no cost to the applicant/employee. However, the applicant/employee will be responsible for obtaining the results and assuming the cost of any out of state background checks.

City	County	State	Dates of Residency (From-To)

Section C

I understand that any information obtained from these checks will be used by the Department to evaluate my employer's application or my own application as a licensed provider. I hereby authorize any law enforcement, protective services agency or the Montana Motor Vehicle Division to release any records they have regarding me to the State of Montana, Department of Public Health and Human Services and (If applicable) to my employer or perspective employer as indicated in Section A of this form.

A copy of this form is as valid as the original.

Signed: _____ Date: _____

To be signed in front of a Notary

To be completed by Notary Public:

Taken, sworn and subscribed before me this _____ day of _____ A.D. 20 _____

Notary Public for the State of Montana Residing at: _____ My Commission Expires: _____

This information is an essential part of the license application and is required in accordance with 50-5-205(1)(c), MCA